C. Robert Pettit, M.D.
Otolaryngology, Head and Neck Surgery

November 29, 2006

Ramon Burguer, M.D.
Chief, Department of Surgery
Contra Costa Medical Center
Martinez, California

Dear Ramon,
Thank you for the time you took today to discuss the problems you have heard about in the ENT section, and that you are considering terminating my contract. As I told you, Dr. Corcoran has not once expressed any dissatisfaction with my performance. You alluded to friction with Dr. Keating. Dr. Keating *did* threaten me with "warfare" at the September 20, 2006 ENT section meeting when I brought up three ENT cases he admitted via the ER on Tuesday, September 5, 2006, when he was on call. The names of the patients are available on request. He was called that night about all of them: a severe facial cellulitis, a peritonsillar abscess, and a severe nosebleed. He did not see any of them when they were in the emergency room, and did not see them the next morning. He then left town on vacation that afternoon, and did not inform me that the patients were in the hospital, or ask me to see them for him that morning. If anything had gone wrong during that time period, it would have been impossible to justify that lapse. I was called that afternoon (Wednesday, September 6, 2006) to see the hospitalized patients. The peritonsillar abscess patient needed incision and drainage, which I did. The nosebleed patient had painful packs in her nose which were removed, and a small, easily visible vessel was cauterized with silver nitrate. She had been packed *and* hospitalized needlessly because she was not seen. The cellulitis patient and kept him in the hospital, and later that week, when I asked Dr. Keating to see him, he balked until I explained that it was a patient he had admitted.

At that section meeting, when I brought up these cases as possible departures from the standard of care, considerable discussion ensued. It is surprising there could be any disagreement. In the end Dr. Keating would not agree that we should see and take care of ER patients who come in on "our watch," and take care of *all* patient in need, no matter who saw the patient first, when we were are on the same Martinez Hospital campus as the patient. He wanted a policy in that regard formally *written!*

As you know, Dr. Keating takes emergency call from Davis and Point Richmond. Both are about an hour away, and might have a bearing on his responsiveness to ER calls. I would appreciate it if you would telephone Dr. Tom Smith (415 4610247) who works in the ER, or any of the ER doctors, and ask about comparative responsiveness within the ENT section. Dr. Keating's reaction to my concern about those three patients (and others) is, in large part, the cause of the talk we had today.

With regard to my "practice style being different" from the other two, which you mentioned in our discussion, I used the recovery room roster to count actual cases (number of cases and type of cases) performed since June 1, 2006, by Drs. Corcoran, Keating, and me (see enclosed tally). I was surprised to see that Dr. Keating performed 14 cases, only 18% of the total: including one thyroidectomy and one radical neck dissection. Dr. Corcoran performed 26 procedures during the same time: one laryngectomy and one thyroidectomy. The remainder of their procedures were mostly minor cases. During that time, I performed 40 cases, including "external" sinus procedures, nasal reconstructions, and other procedures that neither Dr. Corcoran or Dr. Keating performed. Varied backgrounds and training are a plus at Contra Costa Healthcare, and our abilities should be complementary, not reduplicated.

ENT is a specialty with broad clinical application, and the majority of what ENT specialists see in the clinic relates to allergy, hearing loss, voice, and dizziness issues, subjects I taught ENT residents and medical students for years. The mix varies with location. As an example, more chronic disease and cancer is seen in the Richmond clinic, and more young family issues, such as otitis, are seen in Pittsburg where I am. There is *definitely* a need for general ENT doctors in the Contra Costa Healthcare System, not sub-specialists. Two thyroidectomies and two head and neck cancer cases in that time period can easily be handled by the two other surgeons. A third cancer surgeon would be redundant and wasteful for county resources. It should be noted that Dr. Keating is full-time, yet performed 18% of the cases.

You received a cc. of an email Dr. Keating sent me about a Martinez in-patient who needed a biopsy of an oral lesion, a patient I had seen in consultation two days before. She had an oral cancer, but the biopsy had to wait until the patient could be brought out of isolation and taken to the clinic. A resident called me on Fri. AM to say the patient could leave isolation, and needed the biopsy done that day. I was in the Pittsburg clinic. Dr. Keating was on campus in the Martinez clinic. He was also on-call beginning at noon. After he reluctantly saw the patient he wrote to me, you, and Dr. Corcoran: *So Bob, I guess you were consulted on a patient admitted with a very painful mouth sore, Betty Hughes? The resident said that you thought it was mouth cancer and to add her to my schedule for a biopsy. Is this the case? I thought we had an agreement to notify each other of inpatients. Also, do you have the intention of continuing to be her doctor, or is this your way of transferring care? I really wish you had talked to me, it feels like a dump, getting a call like that from a resident. I added her to an already busy clinic, because it's the right thing to do for the patient.* These are not the words of a team player trying to be helpful.

Another incident involved Dr. Keating this month: A young female patient, a county employee, Vicki Roseboro, who went to the Martinez clinic by mistake (instead of Pittsburg), and Keating refused to see her. The patient and her husband were understandably anxious, and also extremely upset with Keating's behavior. In Martinez, they were put in an examining room and could hear him talking outside the exam room saying that he wouldn't see her, and then they were asked to leave. Dr. Keating refused

to see the patient. Then he insisted afterward that, despite not having examined her, he KNEW what her problem was, that it was a thyroglossal duct cyst, and that I could deal

with it. The problem was not a cyst, but probably a thyroid cancer. Because of the ill-feelings and delays, I sent the patient to UCSF. Dr. Keating could have seen the patient, rendered an opinion on this difficult case, been helpful, and made the patient happy, but felt "beset" and dumped on. The following is an email he wrote to me in that regard:

You're going to be seeing Vicki Roseboro Tuesday. Be warned that her husband is a little upset! The story is confusing, I know you saw her in Pittsburg on the 17th, but have no records here. Gee apparently had her on his minor surgery clinic[schedule] for excision of a skin cyst. He said [she was] sent by a FNP, not you, and he felt much more [comfortable with the diagnosis of thyroglossal duct cyst –[and] wisely backed out. So hubby is pissed because they were expecting to get it whacked out then. U/S and CT are vague whether thyroid mass or TGDC, but Gee's description much more compatible with latter. An FNA surely can distinguish thyroid mass vs TGDC, and latter should definitely be an ENT case. The story was not "confusing," and the patient was not upset because the lesion was not "whacked out" by Dr. Gee. They were upset at Dr. Keating's behavior. If patients come to my clinic for any reason—late, unscheduled, another doctor's—I see them. In light of the above, I do not see that there can be a serious question about *my* practice style.

My only failure at Contra Costa Hospital is not realizing the "spin" others have put on my actions and their own. The threat of physician layoffs within the system has probably brought insecurities into play more than substantive issues. You said there are no problems with my clinical performance. The evidence from the OR tally suggests there is, in fact, no problem with my "practice style," or mix of surgeries performed. There are no substantive complaints from the thousands of patients I've seen, and the co-workers I am in contact with every day. I have ALWAYS been willing to cover for colleagues, and pitch in and help. You can attest to that. I am the only one of the three ENT doctors who have a current academic appointment, being on the UCSF teaching staff, a position that has facilitated Contra Costa patient care and transfers, when necessary.

I think the taxpaying citizens of Contra Costa Country would be appalled by the above instances of patient abuse—of refusing to see clinic patients and emergency room patients. As you know, I am a Medical Consultant for The Medical Board of California, and make daily decisions about what behavior constitutes a departure from the standard of care. Those are my guidelines. I attempted to deal with the problem you alluded to on a sectional level at the ENT sectional meeting. Now that it has reached the departmental level, I trust it will be dealt with equitably and fairly, and need go no further. Despite the above, I can continue to work here effectively and amiably with my co-workers to provide excellent health care. Thanks Ramon.

Sincerely,

C. Robert Pettit, M.D.

cc. Dr. Jeff Smith and Dr. Martha Corcoran